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7590 09/15/2004

CARTER, DELUCA FARRELL AND SCHMIDT  
445 BROAD HOLLOW ROAD  
SUITE 225  
MELVILLE, NY 11747

12/14/2004 MWOLDGE2 00000017 210550 09322201

01 FC:1501 1400.00 DA  
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Vanessa M. Rosado	(Depositor's name)
<i>Vanessa M. Rosado</i>	(Signature)
12/9/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/322,201	05/28/1999	SHIGERU TANAKA	236/238	7673

TITLE OF INVENTION: SPECIALLY SHAPED BALLOON DEVICE FOR USE IN SURGERY AND METHOD OF USE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	12/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DAWSON, GLENN K	3731	606-190000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1	_____
2	_____
3	_____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

General Surgical Innovations, Inc. Norwalk, Connecticut USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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- ☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 21-0550 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Kimberly W. Perry*  
Kimberly W. Perry

Date

12/9/04

Typed or printed name

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43,612

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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DOCKET: 2508

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Shigeru Tanaka  
Serial No.: 09/322,201 Examiner: Glenn Dawson  
Filed: May 28, 1999 Group: 3731  
For: **SPECIALLY SHAPED BALLOON DEVICE FOR  
USE IN SURGERY AND METHOD OF USE**

CERTIFICATE OF MAILING

Date of Deposit: Dec. 9, 2004

I hereby certify that the following:

- ☒ This Certificate of Mailing
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